

PARTICIPANT REGISTRATION FORM

* Mandatory Fields

Select Pension Scheme: NIT Islamic Pension Fund NIT Pension Fund

PARTICIPANT INFORMATION :			
*Name: _____			
*CNIC/NICOP No.: _____ (Attach valid copy)		CNIC Expiry Date: _____	
*Father's/Husband's Name: _____		*Nationality: <input type="checkbox"/> Pakistani <input type="checkbox"/> Non-Resident Pakistani (Specify: _____)	
*Mother's Name: _____			
*Address: _____			
*Phone No.:	*Cell No.:	*Email:	*Fax No.:
*Date of Birth (DD/MM/YYYY): ____/____/____		*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Occupation: <input type="checkbox"/> Private Service <input type="checkbox"/> Self Employed <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others (specify): _____		*Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
*Source(s) of Income: <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings/Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Home Remittance <input type="checkbox"/> Others (specify): _____		*Religion: <input type="checkbox"/> Muslim <input type="checkbox"/> Non-Muslim	
*Expected Retirement Age: (Between 60-70 Years): _____		*Approx. Monthly Income: Rs. _____	
*Zakat Deduction: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, in case of Muslim please attach copy valid declaration)			
BANK DETAILS:			
Name of Bank: _____		A/c./IBAN No.: _____	
Branch Address: _____		Br. Code: _____	
City: _____			
CONTRIBUTION DETAILS:			
Initial Contribution Amount: Rs. _____		Amount in Words: _____	
Mode of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order <input type="checkbox"/> Other: _____		Cheque/DD/PO/Ref. No.: _____	
<small>(Provide online RTGS reference No. and receipt copy)</small>			
Dated: _____			
Drawn On (If different from above mentioned bank): _____			
Contribution Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly		Periodic Contribution Amount: Rs. _____	
		Yearly Contribution Amount: Rs. _____	
<input type="checkbox"/> Transfer from another Pension Fund Manager, registered pension, provident, gratuity scheme or life insurance/Family Takaful company (If applicable)			
Name of Scheme/Fund: _____		Name of Pension Fund Manager/Company: _____	
Amount being Transferred: Rs. _____		In Words: _____	
Account Information (No./Folio/Select etc.): _____			
ASSET ALLOCATION (Select any one Scheme, specifying percentage which should equal to 100%):			
NIT Islamic Pension Fund (Sub-Funds)			
<input type="checkbox"/> High Volatility Scheme:	Equity: Min. 65%	Debt: Min. 20%	Money Market: NIL
<input type="checkbox"/> Medium Volatility Scheme:	Equity: Min. 35%	Debt: Min. 40%	Money Market: Min. 10%
<input type="checkbox"/> Low Volatility Scheme:	Equity: Min. 10%	Debt: Min. 60%	Money Market: Min. 15%
<input type="checkbox"/> Lower Volatility Scheme	Equity: NIL	Debt: Min. 40%	Money Market: Min. 40%
<input type="checkbox"/> Customized Scheme:	Equity: _____% <small>(0 - 100%)</small>	Debt: _____% <small>(0 - 100%)</small>	Money Market: _____% <small>(0 - 100%)</small>
NIT Pension Fund (Sub-Funds)			
Equity: Min. 40%	Debt: Min. 20%	Money Market: NIL	Commodity: Max. 25%
Equity: Min. 20%	Debt: Min. 40%	Money Market: Min. 10%	Commodity: Max. 15%
Equity: Min. 5%	Debt: Min. 60%	Money Market: Min. 15%	Commodity: Max. 5%
Equity: NIL	Debt: Min. 40%	Money Market: Min. 40%	Commodity: NIL
Equity: _____% <small>(0 - 100%)</small>	Debt: _____% <small>(0 - 100%)</small>	Money Market: _____% <small>(0 - 100%)</small>	Commodity: _____% <small>(0 - 25%)</small>
DECLARATION:			
Are you acting on behalf of another person/entity? [If yes, please provide supporting document(s)]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you holding a senior position in any Govt./public office or political party? [If yes, please provide details]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any financial connections to offshore tax havens? [If yes, please provide details]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you dealing in high value items (e.g precious metals/stones)? [If yes, please provide details]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has any financial institution ever refused to open your account? [If yes, please provide details]		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>1. I represent that I am not a minor. I agree to be bound by and comply with the provisions of the respective Trust Deed and the Voluntary Pension System Rules, 2005 governing the pension Fund and the Income Tax ordinance, 2001 governing the taxation matter of the Pension Fund and abide by the terms, conditions, rules, regulations and other statutory requirements applicable to NITL and respective Funds</p> <p>2. I have read the respective Offering Document and fully understand the investment objectives, strategies i.e. investment policy and risk factors applicable to the various Sub-Funds and Allocation Schemes.</p> <p>3. I have read and understood the Allocation Policy and selected the Allocation Scheme after fully assessing the risk/return factors of each allocation scheme and understand the risks associated with the Allocation Scheme.</p> <p>4. I have no objection to the Prescribed Investment Policy and Prescribed Allocation Policy determined by the Pension Fund Manager and I am fully aware of the risks associated with my selection of the Allocation Scheme.</p> <p>5. I understand that I am entitled to a tax credit under Section 63 of the Income Tax ordinance, 2001 on my contribution in any one tax year for which I shall have to provide documentary evidence to my employer to adjust from the tax payable from my salary or to make a claim at the time of filing of my income tax returns every year.</p> <p>6. I understand that my withdrawals made from the NIT Islamic Pension Fund/NIT Pension Fund, prior to retirement will result in a tax penalty/withholding tax.</p> <p>7. I understand that any withdrawals in excess of the allowable lump sum benefit at retirement will be subject to withholding tax/ tax penalty.</p> <p>8. I understand that unless otherwise mentioned, my membership will start when my application is accepted along with receipt of my first contribution.</p> <p>9. I understand that there will be no dividend distributions from the NIT Islamic Pension Fund/NIT Pension Fund.</p> <p>10. I understand that the Units in the Sub-Funds shall be issued only after my contribution amount has been realized.</p> <p>11. I understand that due to market factors or other reasons, my Individual Pension Account performance may be affected.</p> <p>12. I understand that it is my responsibility to provide all information at the time of redemption and will not hold NITL liable for any delay caused due to non-provision of any such information.</p> <p>13. I understand and agree that representatives of NITL may contact me for follow-up on my regular contributions in accordance with the information provided in this application Form.</p> <p>14. I hereby authorize NIT to disclose, share, remit in any form, mode or manner, all/any of the information provided by me relating to the respective Funds in which I may transact/have transacted including all changes, updates to such information as and when provided by me/us if such is required to be submitted under the laws.</p> <p>15. I hereby agree to provide any additional information/documentation that may be required by the NITL, in connection with this form and understand that it is my sole responsibility to keep NITL updated and advise/inform NITL of any change of my particulars/circumstances/personal details.</p>			
Participant's Signature _____			Date: _____

FOR BRANCH USE ONLY

DATE (DD / MM / YY):	<input type="text"/>	TIME: _____ : _____ AM / PM
Branch / Distributor Name:	Customer Risk: <input type="checkbox"/> High <input type="checkbox"/> Low	
Individual Pension Account No:	UMS User ID created :	
Form reviewed and checked by:	Data entered by:	
Branch Stamp & Signature of the Branch Manager / Authorized Official:		

FOR UNIT HOLDER RECORD SECTION USE

CNIC(s) Verification from NADRA: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
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